

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

CHARMAINE DIXON

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

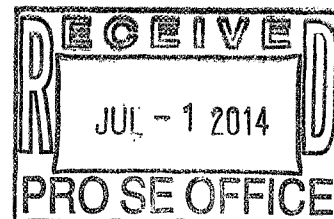
The City of New York

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name CHARMAINE DIXON

ID # \_\_\_\_\_

Current Institution \_\_\_\_\_

Address 1778 Southern Blvd #4E  
BRONX, New York 10460

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name The City of N.Y.

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_

Defendant No. 2	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
	_____	
Defendant No. 3	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
	_____	
Defendant No. 4	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
	_____	
Defendant No. 5	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
	_____	

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

830 Washington Ave  
Bx, N.Y.

B. Where in the institution did the events giving rise to your claim(s) occur?

830 Washington Ave  
Bx N.Y.

C. What date and approximate time did the events giving rise to your claim(s) occur?

ON March 15 2011 9:45 - 10:00AM

D. Facts: ON March 15, 2011 I

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

Charmaine Dixon was called to 42nd located at 830 Washington Ave in the Bronx where my son Tame Dixon was being detained upon I MS Dixon arriving at 830 Washington Ave 42nd in Bronx I MS Charmaine Dixon witness 5 NYPD officers Assaulting my son Tame Dixon when I MS Dixon ask officers why where they doing that I Charmaine Dixon got chase by NYPD stating I like to tell everything was grab by two officer body slam to the ground handcuff and put in to a cell

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I HAVE SEVERAL HERNATED

bulldging discs in my back where I have received pain management physical therapy and has reach the maximum benefit.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No ☒ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No ☒ Do Not Know \_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

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1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

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2. What was the result, if any? \_\_\_\_\_

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3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

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when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I am looking for  
 two million dollars 2,000,000.00 for  
 courts to compensate I, MS D. XON  
 on behalf of injuries, violation, civil rights  
 pain and suffering

**VI. Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Charlene Dixon

Defendants

City of New York

2. Court (if federal court, name the district; if state court, name the county) NYS  
Supreme Court
3. Docket or Index number \_\_\_\_\_
4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending? Yes \_\_\_\_\_ No X  
 If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
 Yes \_\_\_\_\_ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_
3. Docket or Index number \_\_\_\_\_
4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

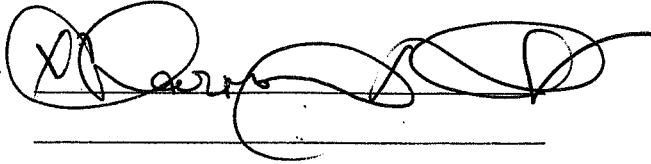
I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of JUL 01 2014, 20\_\_.

Signature of Plaintiff

Inmate Number

Institution Address

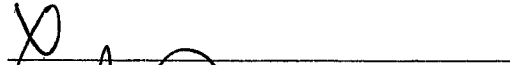


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of JUL 01 2014, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



State of New York  
County of New York

Sworn to before me this  
JUL 01 2014 day of \_\_\_\_ 20\_\_

ANNA DONG  
Notary Public, State of New York  
Reg. No. 041006228919  
Qualified in New York County  
Commission Expires Sept. 27, 2014